

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 5000-0195PUS1 | |
|---|--------------------------------|--------|----------------------|-----------------------------|------|
| Application No. 10/590,368-Conf. #8390 | Filing Date August 23, 2006 | | Examiner S. Moore | Art Unit 1624 | |
| Applicant(s): Jordi TORMO I BLASCO et al. | | | | | |
| SUBSTITUTED[1,2,4]TRIAZOLO[1,5-a]PYRIMIDINES AND THEIR USE FOR Invention: CONTROLLING HARMFUL FUNGI (as amended) | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| Total Claims | 10 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 210.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): _____ | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | | |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Andrew D. Meikle Dated: August 22, 2008 Attorney Reg. No.: 32,868 | | | | | |
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